Hunter Education Student Registration Form

Legal Last Name Legal First Name MI						
Postal Mailing Address						
City/Town		Stata	7in Ca			
		State	Zip Co	ode		
Date of Birth			Phone Number			
M M . D D . Y Y	YY		-	-		
Resident of Citizen of						
Massachusetts? United S	States?	Age	Geno			
Y N Y	N			Male Fe	male	
BASIC TRAPPER Bow BLACK POWDER WATERFOWL ID MAP, COMPASS & SURVIVAL Parent/Guardian Signature is Required for Students UNDER 18 years of age I hereby grant permission for the above named student to attend this Hunter Education Course. Signature of Parent/Guardian Date						
Below is for Instructor's Use only Team Leader's Signature						
Student Attendance Record*	Date of Last Class		Exam Score	Final Grade	: Check ONE box	
(Place an X for each class)	M M - D D -	Y	□ Pass □ Fail □ Incomplete			
Course Location (City or Town)						

^{(*}For Independent Study courses, place an "H" under Student Attendance to indicate Home Study was done and submitted)